

Inventor Information

Inventor One Given Name :: Rhonda S.
Family Name :: Redman
Name Suffix ::
Postal Address Line One :: 98 - 64th Way
Postal Address Line Two ::
City :: Fridley
State/Province :: MN
Country ::
Postal or Zip Code :: 55432
City of Residence :: Fridley
State/Prov. of Residence :: MN
Country of Residence ::
Citizenship :: USA

Inventor Two Given Name :: Ricky V..
Family Name :: Redman
Name Suffix ::
Postal Address Line One :: 98 - 64th Way
Postal Address Line Two ::
City :: Fridley
State/Province :: MN
Country ::
Postal or Zip Code :: 55432
City of Residence :: Fridley
State/Prov. of Residence :: MN
Country of Residence ::
Citizenship :: USA

Given name of Applicant ::
Family Name ::
Name Suffix ::
Authority under 1.42 ::
Authority under 1.43 ::
Authority under 1.47 ::
Postal Address Line One ::
Postal Address Line Two ::
City ::
State/Province ::
Country ::
Postal or Zip Code ::
City of Residence ::
State/Prov. of Residence ::

Country of Residence ::
Citizenship ::

Correspondence Information

Name Line One :: Z. Peter Sawicki
Address Line One :: THE KINNEY & LANGE BUILDING
Address Line Two :: 312 South Third Street
City :: Minneapolis
State/Province :: MN
Postal or Zip Code :: 55415-1002
Telephone :: 612/339-1863
Fax :: 612/339-6580
E-Mail :: zpsawicki@kinney.com

Application Information

Title Line One :: Hand and forearm protector
Title Line Two ::
Total Drawing Sheets :: 5
Formal Drawings :: Y
Application Type :: Reissue
Docket Number :: R597.12-0003
Licensed - U S Government Agency ::
Contract Number ::
Grant Number ::
Secrecy Order in Parent Application :: N

Representative Information

Representative Customer Number :: 00164

Continuity Information

This application is a :: Reissue of
> Application One :: 08/968,977
Filing Date :: November 12, 1997
Patent Number :: 5,878,435
which is a :: Claim Benefit of
>> Application Two :: 60/046,481
Filing Date :: May 14, 1997
Patent Number ::

Prior Foreign Applications

Foreign Application One ::

Filing Date ::

Country ::

Priority Claimed ::

N

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